

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8241

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 298	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>LIFE</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>3541 Ashew Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S Hospital</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>VANCE</b>		b. (Middle) <b>HEGE</b>		c. (Last) <b>Ambrose</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>FEB-19-1949</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JUNE-5-1885</b>	
9. AGE (In years last birthday) <b>63</b>		10. MONTHS <b>8</b>		11. DAYS <b>14</b>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TIME KEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LONG CONST. CO.</b>		11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HARRY AMBROSE</b>		13b. MOTHER'S MAIDEN NAME <b>MARY HEGE</b>		14. NAME OF HUSBAND OR WIFE <b>FLORA AMBROSE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>486-26-2733</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. FLORA AMBROSE, 3541 Ashew, K.C. Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart</b> DUE TO (c) <b>disease with Coronary sclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4200</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 Wks.</b> <b>10 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>11</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>April 1946</b> to <b>Feb 19, 1949</b> , that I last saw the deceased alive on <b>Feb 18, 1949</b> , and that death occurred at <b>8:20 AM.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. D. Bennett</b> (Degree or title) <b>U.M.W.</b>				23b. ADDRESS <b>822 Argyle Bldg Kansas City Missouri</b>		23c. DATE SIGNED <b>2/20/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB-21-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SHAWNEE, KANSAS</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>2-21-49</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D.W. Newcomer's Sons, 1401 Brush Creek K.C. Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6004 Central

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Bernard L. Horan*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4250*

P. O. Address, *NC Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.